12-23-05

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			,Ç/		Maria E. Kitz / (Depositor's name)		
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FC: APPLICATION NO.	FILING 190 TP	FIRST NAME		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/646,434	08/22/2003	Gregory Ja		Olsen	1171/40069B	9168	
APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FE \$1400		PUBLICATION FEE \$300	TOTAL FEE(S) DUE \$1700	01/03/2006	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
-	EXAMINER			CLASS-SUBCLASS	٠.٠٠٠	01/02/2000	
LEWIS, AARON J		3743		128-207110	J		
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unles recordation as set forth if (A) NAME OF ASSIGN FISHER &	EE PAYKEL HEALT	tion form of a Customer E PRINTED ON T low, no assignee of this form is NOT (B HCARE LII	registered attorr 2 registered pate listed, no name HE PATENT (prindata will appear of a substitute for file) RESIDENCE: (CMITED	a single firm (having as ney or agent) and the na ent attorneys or agents. I will be printed. Into r type) In the patent. If an assigning an assignment. CITY and STATE OR COAUCKland, N	mes of up to f no name is 3 Black Black Black Butter Black Black Black Black Black Black Black Black Black Black		
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a. Applicant claims S	SMALL ENTITY status. See	37 CFR 1.27.			ALL ENTITY status. See 37 CI		
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Authorized Signature	Kaiffred A. B	Speksto	re, lp. for	Date De	ecember 21, 20	05	
-	Raiford A. B.	MCKSTH Lackstone	in from		ecember 21, 20 n No. 25,156	05	

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